

58-17b-619 Third party payors -- Health maintenance organizations.

- (1) Any third party payor for pharmaceutical services within the state, or its agent or contractor may not require any pharmacy patient to obtain prescription drug benefits from a specific out-of-state pharmacy as a condition of obtaining third party payment prescription drug benefit coverage as defined in rule.
- (2)
 - (a) This section does not prohibit any third party payor of pharmaceutical services, who provides for reimbursement to the pharmacy patient or payment on his behalf, from exercising the right to limit the amount reimbursed for the cost of prescription drugs based upon the cost of identical prescription drugs available through a designated out-of-state pharmacy.
 - (b) Notwithstanding Subsection (2)(a), any third party payor of pharmaceutical services may restrict the type of outlet where a patient may obtain certain prescriptive drugs and devices, such as injectable medications, that are not readily available in all pharmacies. The payor may also restrict access to no more than one mail-order pharmacy.
- (3) Each third party payor of pharmaceutical services shall identify as a part of the third party agreement or contract the designated out-of-state pharmacy which shall be used as the base line comparison.
- (4)
 - (a) A violation of this section is a class A misdemeanor.
 - (b) Each violation of this section is a separate offense.

Enacted by Chapter 280, 2004 General Session